



**REQUEST FOR A FEE WAIVER/REFUND**

Per RCWs 23B.01.580, 19.09.276, 43.01.072

(Please type or print clearly)

Type of Fee: ☐ Penalty ☐ Reinstatement ☐ Other \_\_\_\_\_

Corporation or Charitable Org. Name: \_\_\_\_\_

Corporate UBI or Charities Registration Number: \_\_\_\_\_

Organization's Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Officer requesting waiver: \_\_\_\_\_

Phone Number of requestor: \_\_\_\_\_

Explain the issue and why the fee should be waived/refunded:

I certify and declare, under penalty of perjury pursuant to the laws of the State of Washington, that the foregoing is true and correct.

Printed Name/Officer Title

Signature

Date

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**FOR OFFICE USE ONLY**

Tracking ID No. \_\_\_\_\_ Type of payment: ☐ Check ☐ Credit Card ☐ Cash or MO

Payor name \_\_\_\_\_

Payor Address \_\_\_\_\_

Division Approval \_\_\_\_\_